PART B - FÆE(S) TRANSMITTAL							\Rightarrow
DEC 26	2006 50	or <u>Fax</u>	Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571)-273-2885			1	
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,				Kathleen E. Rothrock			(Depositor's name)
				Kachleen Korkioch			(Signature)
				12.20.06			(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	ITOR	ATTOR	NEY DOCKET NO.	CONFIRMATION NO.
10/081,818 02/20/2002 Jerome M. Eldridge 1303.045US1 3148 TITLE OF INVENTION: ATOMIC LAYER DEPOSITION OF METAL OXIDE AND/OR LOW ASYMMETRICAL TUNNEL BARRIER INTERPLOY INSULATORS							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	DUE PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	12/21/2006
EXAMINER ART UNIT			CLASS-SUBCLASS				
HO, TU TU V		2818	257-314000				
I. Change of correspondence CFR 1.363). Change of correspon Address form PTO/SB/1 Tree Address" indicate PTO/SB/47; Rev 03-02 Number is required.	dence address (or Cha 22) attached. ition (or "Fee Address"	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Schwegman, Lundberg, Woessner & Kluth, P.A.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignments/27/2006 YPULITE2 00000057 10081818 (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) (B) RESIDENCE: (CITY and STATE OR COUNTRY)							1460.60 OP
Micron Technology, Inc. Boise, Idaho 83716						300.00 OP	
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government							
4a. The following fec(s) are [X] Issue Fee [X] Publication Fee (No [L] Advance Order - # of	small entity discount p	b. Payment of Fce(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0743 (enclose an extra copy of this form).					
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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Authorized Signature	mus/		Date 20	Du	166		
Typed or printed name	Timothy B.	Clise		Registration 1	No	40,957	
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